

SEP 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28337
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Raw Primary Registration District No. 100
(c) City Kansas City (d) Street No. 2843 Troost Ave Registered No. 3339 St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 2843 Troost Ave St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie M. Bates
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-11-1850
7. AGE YEARS 88 MONTHS 8 DAYS 13 If LESS than 1 day, ...hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Rensselaer (STATE OR COUNTRY) Indiana

13. NAME Ozro Bates 14. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Hartman 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Wilma Bates Thiele (ADDRESS) 412 E 66 Terr, Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Adrian, Mo. DATE Aug-27 1939

19. FUNERAL DIRECTOR (NAME) Leath & Son (ADDRESS) Adrian Mo.

20. FILED 724 1939 M. M. Grove Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Aug 24, 1939
Last saw him alive on Aug 24, 1939. Death is said to have occurred on the date stated above, at 5:55 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset
10/20
Other contributory causes of importance:
General senility

Name of operation..... Date of.....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Leo Thiele M. D.
(Address) 1600 Professional Bldg
Kansas City, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 3650

P. O. Address Adrian Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.